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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K71196

1. Corporation Name
REBREPS, INC.

Principal Place of Business: % MORRIS W. SPERBER, 327 CLEMATIS ST, W PALM BEACH FL 33401 US
Mailing Address: % MORRIS W. SPERBER, 327 CLEMATIS ST, W PALM BEACH FL 33401 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/08/1989

2. Principal Place of Business (21) Mailing Address (2a) (26)

4. FEI Number (65-0103152) Applied For (Not Applicable)

Suite, Apt. #, etc. (22) (27)

5. Certificate of Status Desired (8.75 Additional Fee Required)

City & State (23) (28)

6. Election Campaign Financing (5.00 May Be Added to Fees)

Zip (24) Country (25) Zip (29) Country (30)

8. This corporation owes the current year Intangible Personal Property Tax. (No)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPERBER, MORRIS W.
1401 PALM CIRCLE
W PALM BEACH FL 33406

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETED
NAME SPERBER, MORRIS W.
STREET ADDRESS 1401 PALM CIRCLE
CITY-ST-ZIP W PALM BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP DELETED
NAME SPERBER, MURL
STREET ADDRESS 1401 PALM CIRCLE
CITY-ST-ZIP W PALM BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-99 561-655-8010

Date

Daytime Phone #

CR2E034 (1/1/98)